

STATEMENT OF ECONOMIC INTERESTS





RECEIVED COVERRPAGETICAL PRACTICES COMMISSION

(month, day, year)

Please type or print in ink.	CACHUES COMMISSION
IAME OF FILER (LAST)	015 AF(FIRST)5 PH 1: 43 (MIDDLE)
McIntire Jo	русе
. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
City of Calimesa	
Division, Board, Department, District, if applicable	Your Position
City Council	Mayor
▶ If filing for multiple positions, list below or on an attachment. (Do not use	e acronyms)
Agency: Calimesa Successor Agency	Position: Agency Chair
. Jurisdiction of Office (Check at least one box)	
☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	County of
City of Calimesa	Other
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2014, through December 31, 2014.	Leaving Office: Date Left/(Check one)
The period covered is, through December 31, 2014.	 The period covered is January 1, 2014, through the date of leaving office.
Assuming Office: Date assumed	O The period covered is/, through the date of leaving office.
	different than Part 1:
4. Schedule Summary	0
	number of pages including this cover page:
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attache
	Schedule D - Income – Gifts – schedule attached
Schedule B - Real Property – schedule attached	Schedule E - Income – Gifts – Travel Payments – schedule attached
-or-	
None - No reportable intere	ests on any schedule
herein and in any attached schedules is true and complete. I ackn	
I certify under penalty of perjury under the laws of the State of	
Date Signed 3-12-15	

SCHEDULE D Income - Gifts

CALIFORNIA FO	700 RM
FAIR POLITICAL PRACTI	ICES COMMISSION
Name	

► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
BYCHAND WATSON & GERSHON	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
355 South GRAND AVE LA.CA 90071	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
9 14 \$ 25.00 increased Book	
12 11 52 4th X 5 5 12 12 15	
1A 1 14 \$33,07 NMAS FRUIT BASKOT	\$
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
ADDICESS (Busiliess Address Acceptable)	ADDRESS (Busiliess Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
\$	\$
\$	\$
	\$
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
ADDICESS (Busiliess Address Acceptable)	ADDITESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
\$	\$
<u></u>	
\$	\$ \$
Comments:	
Comments.	